

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/519925

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4	1					
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12	1					
13	1					
14		1				
15	1					
16		2				
17		2				
18		2				
19		2				
20		2				
21		2				
22		2				
23	1					
24	1					
25		1				
26	1					
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50						
TOTAL IND.	10	↓		↓		↓
TOTAL DEP.	24	←		←		←
TOTAL CLAIMS	34					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

C. Burt